

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
☐ Representing Self (No Attorney)    or    ☐ Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

_____ Name of Petitioner	CASE NUMBER: _____
_____ Name of Respondent	SUPPLEMENTAL APPLICATION FOR FURTHER DEFERRAL OR WAIVER OF COURT FEES AND/OR COSTS
	HONORABLE: _____

STATE OF ARIZONA    )  
COUNTY OF PINAL    )<sup>ss</sup>

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**1. I am requesting a further deferral or waiver of any unpaid fees and costs in my case.**

**The basis for the request is:**

☐ **1. WAIVER:** I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and unlikely to change in the foreseeable future.

**OR**

☐ **2. FURTHER DEFERRAL:**

☐ **a. I receive governmental assistance from the state/federal program(s) checked below:**

<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> General Assistance (GA)

**If you checked either boxes 1 or 2(a), you must complete the Financial Questionnaire. You must submit proof that you receive governmental assistance. If you are submitting this application by mail or a third party, you must attach a photocopy of that proof.**

**OR**

- ☐ b. **My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court.**

**NOTE:** To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.
2. Although your income is greater than 150% of the poverty level, you have proof of extraordinary expenses, including medical expenses, costs of care for elderly or disabled family members or other expenses that the court finds are extraordinary and that reduce your gross monthly income to at or below 150% of the poverty level.

**OR**

- ☐ c. **I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date.**

**Explain:**

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**If you checked either boxes 2(a), 2(b) or 2(c) you must complete the Financial Questionnaire.**

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**If Attorney, Bar Number:** \_\_\_\_\_

## FINANCIAL QUESTIONNAIRE

**SUPPORT RESPONSIBILITIES:** List all persons you support (including those for whom you pay child support and/or spousal maintenance/support):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## STATEMENT OF INCOME AND EXPENSES

**ASSISTANCE:** I receive assistance from:

- ☐ Arizona Health Care Cost Containment System (AHCCCS)  
☐ Arizona Long Term Care System (ALTUS)  
☐ Other (explain): \_\_\_\_\_

**MONTHLY INCOME:** My monthly income is:

Monthly gross income: \$ \_\_\_\_\_  
 Employer name: \_\_\_\_\_  
 Employer address: \_\_\_\_\_  
 Employed since (month/year): \_\_\_\_\_  
 Other current monthly income, including spousal  
 Maintenance/support, retirement, rental, interest, pensions,  
 scholarships, grants, royalties, lottery winnings  
 (explain amount and source): \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My spouse's monthly gross income (if available to me): \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**MONTHLY EXPENSES AND DEBTS:** My monthly expenses and debts are:

	<b>PAYMENT AMOUNT</b>	<b>LOAN BALANCE</b>
Rent/Mortgage payment	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Other payments and debts	\$ _____	\$ _____
Explain:		
Food/Household supplies	\$ _____	
Utilities/Telephone	\$ _____	
Clothing	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health Insurance	\$ _____	
Nursing care	\$ _____	
Laundry	\$ _____	
Child Support	\$ _____	
Child Care	\$ _____	
Spousal Maintenance	\$ _____	
Car Insurance	\$ _____	
Gasoline/Bus Fare	\$ _____	
Contributions to Employer or Other Retirement Account	\$ _____	
<b>TOTAL MONTHLY PAYMENTS</b>		\$ _____

**STATEMENT OF ASSETS:** List only those assets available to you and accessible without financial penalty.  
Equity is defined as market value minus any liens or loans.

	<b>ESTIMATED VALUE</b>
Cash and Bank Accounts	\$ _____
Credit Union Accounts	\$ _____
Equity in:	
1. Home	\$ _____
2. Other property	\$ _____
3. Cars/other vehicles	\$ _____
Other, including stocks, bonds, etc.	\$ _____
Retirement Accounts	\$ _____
<b>TOTAL ASSETS:</b>	\$ _____

**EXTRAORDINARY EXPENSES:** For example, unusual medical needs, financial hardship, costs of care of elderly or disabled family members. (Proof must be submitted.)

<b>DESCRIPTION</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____
<b>TOTAL EXTRAORDINARY EXPENSES:</b>	\$ _____

## SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print your Name: \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**My Commission Expires:**

By \_\_\_\_\_  
(Deputy Clerk / Notary Public)